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Jeannie Camara

(Typed or Printed Name of Person Mailing Paper or Fee)

Jeannie Camara

(Signature of Person Mailing Paper or Fee)

Application Number : 09/920,786

Confirmation Number: 5157

Applicant : Brian Vosburgh

Filed : 1 August 2001

TC/A.U. : 2192

Examiner : Vo, Ted T.

Docket Number : OR02-13701

Customer No. : 22,835

M/S: Box AF

Commissioner for Patents

P.O. Box 1450

Alexandria VA 22313-1450

AMENDMENT

Sir

In response to the office action of **08 September 2005**, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 18 of this paper.

AF
JFW

(Typed or Printed Name of Person Mailing Paper or Fee)

(Signature of Person Mailing Paper or Fee)



IN RE PATENT APPLICATION OF

Brian Vosburgh

Serial No. 09/920,786

Filing Date: 1 August 2001

Title: METHOD AND SYSTEM FOR MAPPING BETWEEN MARKUP LANGUAGE DOCUMENT AND AN OBJECT MODEL

Mail Stop: AF
Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- ☒ Response under 37 C.F.R. § 1.111 to official action mailed **08 September 2005**.
- ☐ A petition for extension of time is also enclosed with a fee of **\$55.00** for a one-month extension for a small entity.
- ☐ Terminal disclaimer under 37 C.F. R. § 1.321(c), including
- ☐ check for \$110.00 fee under 37 C.F.R. § 1.20(d), and
- ☐ 2 certificates under 37 C.F.R. § 3.73(b).
- ☒ No additional claims fees are required.

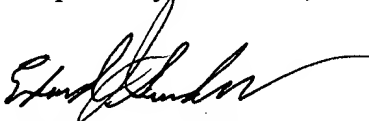
☐ An additional fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDTL FEE
Total Claims		MINUS = 20	0	x \$18 =	
Independent Claims		MINUS = 3	0	x \$78 =	
If Amendment adds multiple dependent claims, add \$260.00					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0.00

- ☐ A check in the amount of \$____ is enclosed.
☐ Charge \$____ to Deposit Account No. ____ (Docket No. ____).
☒ Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. OR02-13701).

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Respectfully submitted,

By 
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Date: 29 September 2005